

# The Utah Sexual Assault Safety Project

## Fact Sheet: Services for Rape Victims In Utah Hospitals

Fall 2005

A recent study by the Utah Commission on Criminal and Juvenile Justice (UCCJJ) indicates that rape is the only violent crime for which Utah's rate is above the national average. In 2003, 793 rapes were reported, according to the Utah Department of Public Safety annual crime statistics. Since it is estimated that only 9.8% of victims report the crime to law enforcement, the actual number may be as high as 7,000 rapes each year. Among the physical impacts of rape highlighted by the UCCJJ study were pregnancy and sexually transmitted disease, including HIV. It is estimated that up to 5% of sexual assaults result in pregnancy. Up to 33% may contract a sexually transmitted disease (STD).

Many women are reluctant to report a rape or to even visit the hospital. Yet early intervention allows women to receive critical psychological help, as well as other vital medical services such as pregnancy prevention and treatment for sexually transmitted diseases. To ensure that victims of sexual assault receive proper medical care in emergency departments, it is essential that all hospitals meet appropriate medical standards for treatment of these patients.

### Established Protocol

Medical guidelines established by the American Medical Association (AMA) regard pregnancy prevention as an essential component of rape treatment. Standard protocol should be followed regardless of the physician on duty. The reality in Utah is that not all victims receive essential and effective treatment.

### Emergency Contraception

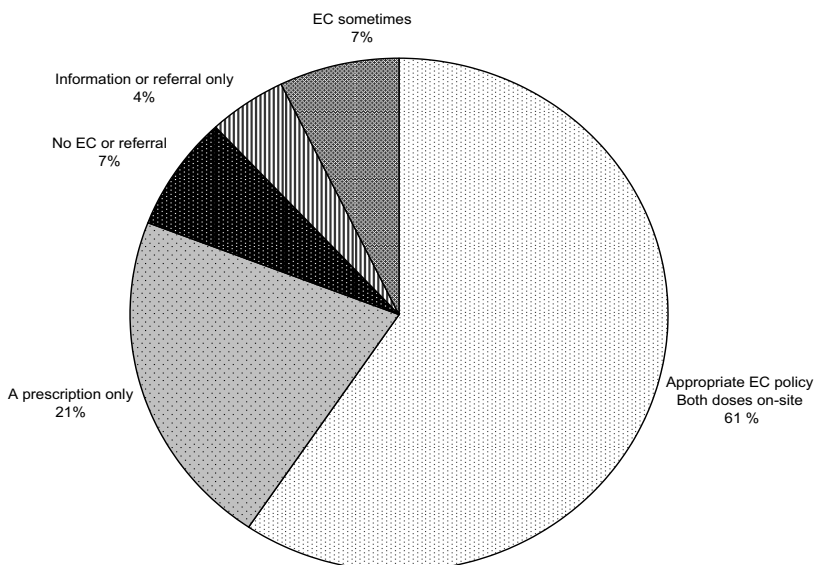
The American College of Obstetricians and Gynecologists, the American Public Health Association, and the Utah Medical Association recommend counseling all sexual assault patients at risk of pregnancy about emergency contraception and providing it as an option on-site. Emergency contraception can reduce the risk of pregnancy up to 89% after unprotected intercourse and can be effective up to at least 120 hours following intercourse. Most experts agree, however, that the medication should be taken as soon as possible. The narrow time frame for the effectiveness of emergency contraception means that

giving a sexual assault patient a prescription, leaving the provision of EC to the discretion of her doctor, or providing a referral only puts her unacceptably at risk of getting pregnant from the assault.

Emergency contraception is high dose oral contraceptive pills that prevent pregnancy after sexual intercourse. Currently, there is one designated product approved by the Food and Drug Administration (FDA) specifically for use as emergency contraception: Plan B®. Emergency contraception is often confused with mifepristone (RU 486), but it does not cause an abortion and has no effect on an existing pregnancy. Rather, emergency contraception works like ordinary oral contraceptives and prevents pregnancy from occurring.

Although the FDA is considering whether to make the oral contraceptive available to women 17 and older without a prescription, this decision does not change the fact that emergency contraception is part of comprehensive care for sexual assault patients and should be provided by the emergency care facility.

EMERGENCY CONTRACEPTION FOR RAPE VICTIMS AT UTAH HOSPITALS



### Survey Purpose

Hospital emergency departments are often the first contact victims have when seeking help, and it is therefore critical that emergency room personnel provide rape victims with comprehensive services that include emergency contraception as well as the diagnosis and treatment for sexually transmitted diseases. To determine whether this is the case, a coalition of health care and advocacy groups has evaluated emergency room practices in Utah. The primary goal of this effort is to provide information and training to hospitals that do not currently provide comprehensive services to victims.

## Survey Methods

The survey is modeled on surveys conducted in Florida, Pennsylvania, Idaho, West Virginia, New York, Massachusetts, and Connecticut. The Utah Sexual Assault Safety Project contacted all forty-two hospitals with emergency departments. Surveys were completed with forty-one of those hospitals. Telephone interviews were conducted with emergency room personnel familiar with the treatment of rape victims. Callers asked to speak with the person most familiar with the protocols for sexual assault patients. Most often this was a SANE nurse or the nurse manager. The survey consisted of ten open- and close-ended questions designed to determine the services that are provided routinely to victims of sexual assault.

specialist and will more likely receive emergency contraception. There should be additional funding and training to increase the number of SANE nurses where primary treatment occurs.

- **Hospitals should have written protocols on providing emergency contraception on-site.** The surveys make clear that where there are written protocols on EC at hospitals, patients are more likely to receive it on-site. Establishing such a protocol at each hospital is critical for sexual assault patients to receive proper care.

## Findings

- ✓ **Only 60% of sexual assault victims receive consistent and appropriate services on-site**
- ✓ **Patients treated by a SANE nurse are more likely to receive emergency contraception**
- ✓ **Most Utah hospitals are providing STD medication to sexual assault victims**

## Recommendations

- **Emergency contraception and treatment for sexually transmitted disease should be provided on-site to sexual assault patients.** Despite the clear medical need to provide emergency contraception on-site, our survey shows that 40% of emergency departments do not provide this vital service. Some fail to offer EC at all, others offer it inconsistently, and others leave the sexual assault patient to find an open pharmacy that stocks and dispenses emergency contraception. These alternatives are not sufficient. A woman who has just survived sexual assault is already in crisis and should not have to face the additional burden of finding EC after she has undergone a sexual assault exam. Finding a physician to prescribe and/or a pharmacist to dispense EC delays or prevents a woman from receiving treatment in a timely manner, increasing her risk of pregnancy.
- **Emergency departments should have specialized SANE nurses.** When a SANE nurse provides care, the patient receives treatment by a trained

## Conclusions

For the most part, emergency departments across the country and in Utah have been successfully addressing rape victims' fears of pregnancy and exposure to sexually transmitted infections by providing emergency contraception and HIV prophylactic treatments on-site. However, our survey results indicate that there is room for improvement. Our analysis reveals that forty percent (40%) of the emergency departments in Utah are not meeting this standard for treating rape victims. When a woman is raped, there is a professional obligation to assure that she receives the highest standard of care. A standard of care and enforced emergency room policies are needed to assure that women do not have to unnecessarily face a pregnancy as a result of rape. Pregnancy prevention is a key component and emergency contraception is a reliable option.

PROVISION OF PROPHYLACTIC STD MEDICATIONS FOR FOR RAPE VICTIMS IN UTAH

